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Attention:	Group Art Unit: 1795	From:	Travis Dodd
Fax:	571-273-8300	Fax:	818-833-2065
Phone:		Phone:	818-833-2014
Company:	U.S. Patent and Trademark Office	Company:	Quallion LLC
		Pages:	Total of (8) Pages
Re:	Application Serial No.: 10/665,687 Title: ELECTRIC STORAGE BATTERY CONSTRUCTION AND METHOD OF MANUFACTURE Filed: September 17, 2003 Examiner: Robert Hodge Group Art Unit: 1795 Attorney Docket No.: Q137-US6	Date:	August 18, 2010

Urgent For Review Please Comment Please Reply Please Recycle

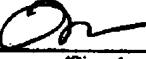
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

I hereby certify that the following documents are being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on August 18, 2010:

Amendment Transmittal Letter (1 page)
Fee Transmittal (1 page)
Petition to Withdraw a Restriction Requirement (5 pages)

Lisa K. Robbins
(Name of Person Signing Certificate)


(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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AUG 18 2010

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/665,687
		Filing Date	September 17, 2003
		First Named Inventor	David Skinto
		Group Art Unit	1795
		Examiner Name	Robert Hodge
Total Number of Pages in This Submission		Attorney Docket Number	
		Q137-US6	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____ Remarks _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Petition to Withdraw a Restriction Requirement

Customer Number or Bar Code Label 31815 <small>(Insert Customer No. or Attach bar code label here)</small>	
<p>The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.</p> <p>Respectfully submitted,</p> <p></p> <p>Dated: <u>08/18/2010</u></p> <p>By: <u>Travis Dodd</u> Attorneys for Applicant(s) P.O. Box 923127 Sylmar, CA 91392-3127</p>	

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: _____	
Typed or printed name	TRAVIS DODD
Signature	
	Date

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FEE TRANSMITTAL

Attorney Docket No.	Q137-US6
First Named Inventor:	SKINLO, David
Application Number	10/665,687
Filing Date:	September 17, 2003
Examiner Name:	1795
Group/Art Unit:	Robert Hodge

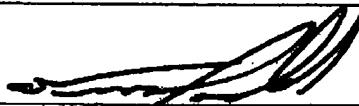
TOTAL AMOUNT OF PAYMENT:	\$.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order Other - Credit Card</p>

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$330.00	\$165.00	\$00
Total Claims	27 - 65=	0	X \$52.00	X \$26.00	\$00
Independent Claims	1 - 3 =	0	X \$220.00	X \$110.00	\$00
Multiple Dependent Claim(s) (if applicable)			\$390.00	\$195.00	\$00
Total of above Calculations =					\$00
Basic Filing Fee	Large Entity	Small Entity	Total		
Design filing fee	\$220.00	\$110.00	\$00		
Reissue filing fee	\$330.00	\$165.00	\$00		
Provisional filing fee	\$220.00	\$110.00	\$00		
Total of above Calculations =					\$00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	08/18/2010